

ATTACHMENT 2

EXPLANATION OF TARGET CALCULATIONS

(January 4, 2007)

Explanation of Table 2 Downstream (Direct)/Upstream (Indirect) Targets

1. *Number of pregnant women receiving a complete course of antiretroviral prophylaxis for PMTCT*

FY07	Downstream (Direct): 961	Upstream (Indirect): 833
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Explanation of Calculation: The downstream (direct) target is an estimate based on the number of pregnant women who received counseling and testing and received their test results through a USG supported site from October 2005-September 2006 (702). It is estimated that there will be a 37% increase in FY07 ($702 \times 1.37 = 961$) equaling 961 women who will receive counseling and testing and receive their test results.

1. FY 06 results were 702.
2. 702 (# of pregnant women who received counseling and testing and received their test results from October 2005-September 2006) $\times 37\%$ (% increase for FY07) = 961 (# of pregnant women who will receive counseling and testing and receive their test results from October 2006-September 2007)

Explanation of Calculation: The upstream (indirect) target in FY06 was approximately 608 women. It is estimated that there will be a 37% increase in FY07 ($608 \times 1.37 = 833$) equaling 833 women who will be indirectly served.

1. FY 06 indirect results were 608.
2. 608 (# of pregnant women indirectly served from October 2005-September 2006) $\times 37\%$ (% increase for FY07) = 833 (# of pregnant women who will be indirectly served from October 2006-September 2007)

Explanation of Support: The USG provides downstream (direct and indirect) support by:

- Up-dating norms and protocols for PMTCT, ART prophylaxis for PMTCT, and for Pediatric AIDS;
- Training on the up-dated norms and protocols for PMTCT, ART prophylaxis for PMTCT, and for Pediatric AIDS;
- Strengthening laboratory services;
- Re-training of existing counselors;
- Strengthening of DIGECITSS information system;
- Establishing a laboratory algorithm for rapid tests; and
- Training providers on how to use rapid tests to provide same day results.

FY08	Downstream (Direct): 519	Upstream (Indirect): 1,000
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Explanation of Calculation: The downstream (direct) target is an estimate based on the number of pregnant women who received counseling and testing and received their test results through a USG supported site (47,000) from October 2006-September 2007. Of the 47,000 women who received CT and received their test results, approximated 799 will test positive ($47,000 \times 1.7\% = 799$). About sixty-five percent of those who test positive will receive antiretroviral prophylaxis for PMTCT, therefore, 519 women will be served.

1. 47,000 (number of pregnant women who received CT and obtained their test results in FY06) \times 1.7 % (HIV prevalence rate among pregnant women) = 799 (# of women who will test positive)
2. 799 (# of women who will test positive) \times 65% (% who will receive ART prophylaxis) = 519 (# of women who will receive ART)

Explanation of Calculation: The upstream (indirect) target in FY07 will be approximately 833 women. It is estimated that there will be a 20% increase in FY08 ($833 \times 1.20 = 1,000$) equaling 1,000 women who will be indirectly served.

3. FY 07 indirect results were 833.
4. 833 (# of pregnant women indirectly served from October 2006-September 2007) \times 20% (% increase for FY07) = 1,000 (# of pregnant women who will be indirectly served from October 2007-September 2008)

Explanation of Support: The USG provides downstream (direct and indirect) support by:

- Up-dating norms and protocols for PMTCT, ART prophylaxis for PMTCT, and for Pediatric AIDS;
- Training on the up-dated norms and protocols for PMTCT, ART prophylaxis for PMTCT, and for Pediatric AIDS;
- Strengthening laboratory services;
- Re-training of existing counselors;
- Strengthening of DIGECITSS information system;
- Establishing a laboratory algorithm for rapid tests; and
- Training providers on how to use rapid tests to provide same day results.

2. Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

FY07	Downstream (Direct): 52,200	Upstream (Indirect): 65,100
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Explanation of Calculation: The downstream (direct) target is an estimate based on the total number of pregnant women who accessed USG PMTCT services (79,447) in FY06.

From the total number of women who accessed USG PMTCT services in FY06, 54.7% both received counseling and testing and obtained their test results which totaled 43,429 women.

1. # of pregnant women who accessed USG PMTCT services in FY06: 79,447
2. # of pregnant women who received CT and received their test results in 06: 43,429
3. 54.7% of the total number of pregnant women who accessed USG PMTCT services (79,447) in 06 both received CT and obtained their test results.

$79,447 \times .547 = 43,429$ (# of pregnant women who received CT and obtained their test results in 06).

Since FY07 is a transition year for the USAID/DR program, the number of women who will access USG supported PMTCT sites is expected to increase by about 10,000 (87,000). However, through strengthening of the existing services, USG expects that 60% of the women (instead of the 54.7%) will both receive CT and obtain their test results in FY07 ($87,000 \times .60 = 52,200$).

4. The 54.7% will now increase to 60% with continued and strengthened support to USG sites.
5. In addition, the target for FY07 in the number of women who will access USG PMTCT services is 87,000.
6. $87,000$ (# of pregnant women who will access USG PMTCT services in 07) $\times .60$ (% who will receive CT and obtain their test results) = $52,200$ (# of pregnant women who will access USG PMTCT services in 07)

Explanation of Support: The USG provides downstream (direct) support to all women who receive HIV counseling and testing for PMTCT through the following services:

- Improving the information and laboratories systems;
- Strengthening same day results for rapid tests through laboratory systems and training to health care providers;
- Supporting NGOs in providing psychosocial support for those who test positive and providing referrals to community services;
- Supporting the strengthening of the laboratory algorithm; and
- Training on the up-dated PMTCT norms.

Explanation of Calculation: The upstream (indirect) target is an estimate based on the number of births per year (230,000) in the Dominican Republic. About 85% of births take place in public sector sites which equals 195,500 births. The number of women who will be directly served by USG PMTCT sites in FY07 (87,000) was subtracted from the total number of births in public sector sites (195,500) which totals 108,500. It is

estimated that about 60% of the 108,500 women who give birth in public hospitals will receive CT and obtain their test results. Based on this estimate, about 65,100 be indirectly supported by USG.

1. $230,000$ (# of births per year) \times 85% (% who access public hospitals) = $195,500$ (# of births in public hospitals)
2. $195,500$ (# of births in public hospitals) $-$ $87,000$ (# of women directly served at USG sites in FY07) = $108,500$ (# of births outside of USG directly supported sites)
3. $108,500$ (births outside of USG directly supported sites) \times 60% (% who will test and get their test results) = $65,100$

Explanation of Support: The USG provides upstream (indirect) support to all women who receive HIV counseling and testing for PMTCT through the following services:

- Improving the information and laboratories systems;
- Strengthening same day results for rapid tests through laboratory systems; and
- Supporting the strengthening of the laboratory algorithm.

FY08	Downstream (Direct): 35,265	Upstream (Indirect): 60,134
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Explanation of Calculation: The downstream (direct) target is an estimate based on Region 5 and the Border Area information.

Region 5—

The estimated population in Region 5 is 856,114. About 66% of this population is over the age of 15 years ($856,114 \times 66\% = 565,035$) which totals 565,035. About 15% of 565,035 is over 49 years of age which equates to 84,755 being 15-49 years. Half of this population is female (240,140) who are 15-49 years old. Of these women, approximately 30% will be pregnant during the year totaling 72,042 women. About 72% will access a USG PMTCT supported site ($72,042 \times .72 = 51,870$) equaling 51,870 women. Of these women, 63% will both receive CT and obtain their test result ($51,870 \times .63 = 32,678$) which equates to 32,678 directly supported.

1. La Altagracia 135,598+ Hato Mayor 87,597+San Pedro 291,444+ El Seybo 105,197+ La Romana 236,278= 856,114 (total population in Region 5)
2. $856,114$ (total population in Region 5) \times 66% (% over 15 years of age) = $565,035$ (total population over 15 years of age)
3. $565,035$ (Total population in Region 5 who are >15 years) \times $.15\%$ (Population over 49 years of age) = $84,755$ (Total population in Region 5 who are over 49 years of age)

4. $565,035$ (total population over 15 years of age) – $84,755$ (Total population in Region 5 who are over 49 years of age) = $480,280$ (Total population who are 15-49 years of age)
5. $480,280$ (Total population who are 15-49 years of age) / 2 (50% are female) = $240,140$ (# of women 15-49 years old)
6. $240,140$ (# of women 15-49 years old) x 30% (% of women who will be pregnant during the year) = $72,042$ (# of pregnant women in Region 5 during the year)
7. $72,042$ (# of pregnant women in Region 5 during the year) x 72% (% who will access USG PMTCT supported sites) = $51,870$ (# of women in USG PMTCT supported sites)
8. $51,870$ (# of women in USG PMTCT supported sites) x 63% (% who will both receive CT and obtain their test results) = $32,678$ (# of women who will both receive CT and receive their results)

Border Areas—

Explanation of Calculation: The estimated population in the Border Areas where the USG will be working is 488,020. About 66% of this population is over the age of 15 years ($488,020 \times 65\% = 322,093$) which totals 322,093. About 15% of 322,093 is over 49 years of age which equates to 273,779 being 15-49 years old. Half of this population is female (136,889) who are 15-49 years old. Of these women, approximately 30% will be pregnant during the year totaling 41,067 women. About 10% will access a USG PMTCT supported site ($41,067 \times .10 = 4,107$) equaling 4,107 women. Of these women, 63% will both receive CT and obtain their test result ($4,107 \times .63 = 2,587$) which equates to 2,587 women being directly supported through PMTCT CT sites.

1. $62,046$ Dajabón + $103,113$ Monte Cristi + $63,710$ Elías Piña + $259,151$ San Juan = $488,020$ (total population in the Border Area)
2. $488,020$ (total population in the Border Area) x 66% (% of population over 15 years of age) = $322,093$ (total population over 15 years of age)
3. $322,093$ (total population over 15 years of age) x 15% (% population over 49 years of age) = $48,314$ (total population over 49 years of age)
4. $322,093$ (total population over 15 years of age) – $48,314$ (total population over 49 years of age) = $273,779$ (total population 15-49 years of age)
5. $273,779$ (total population 15-49 years of age) / 2 (50% are women) = $136,890$ (# of women who are 15-49 years of age)

6. $136,890$ (# of women who are 15-49 years of age) \times 30% (% estimate of women who are pregnant in one year) = $41,067$ (# of women who are pregnant in one year)
7. $41,067$ (# of women who are pregnant in one year) \times 10% (% who will access USG Border area hospitals) = $4,107$ (# of women attending USG Border area hospitals)
8. $4,107$ (# of women attending USG Border area hospitals) \times 63% (% who will both receive CT and obtain their test results) = $2,587$ (estimated # of women who will receive CT and receive their test results in the USG supported Border area hospitals)

2,587 (Border Areas) + 32,678 (Region 5) = 35,265 (estimated # of women who will receive CT and receive their test results)

Explanation of Support: The USG provides downstream (direct) support to all women who receive HIV counseling and testing for PMTCT through the following services:

- Improving the information and laboratories systems;
- Strengthening same day results for rapid tests through laboratory systems and training to health care providers;
- Supporting NGOs in providing psychosocial support for those who test positive and providing referrals to community services;
- Supporting the strengthening of the laboratory algorithm; and
- Training on the up-dated PMTCT norms.

Explanation of Calculation: The upstream (indirect) target is an estimate based on the number of births per year (230,000) in the Dominican Republic. About 85% of births take place in public sector sites which equals 195,500 births. The number of women who will be directly served by USG PMTCT sites in FY07 (87,000) is expected to increase by 15% equaling 100,050 women. This number 100,050 was subtracted from the total number of births in public sector sites (195,500) which totals 95,450. It is estimated that about 63% of the 95,450 women who give birth in public hospitals will receive CT and obtain their test results. Based on this estimate, about 60,134 be indirectly supported by USG.

1. $87,000 \times 15\% = 100,050$
2. $230,000$ (# of births per year) \times 85% (% who access public hospitals) = $195,500$ (# of births in public hospitals)
3. $195,500$ (# of births in public hospitals) – $100,050$ (# of women directly served at USG sites in FY08) = $95,450$ (# of births outside of USG directly supported sites)
4. $95,450$ (# of births outside of USG directly supported sites) \times 63% (% who will test and receive their test results) = $60,134$ (# of women who will be indirectly supported to receive an HIV test and receive their result)

Explanation of Support: The USG provides upstream (indirect) support to all women who receive HIV counseling and testing for PMTCT through the following services:

- Improving the information and laboratories systems;
 - Strengthening same day results for rapid tests through laboratory systems; and
 - Supporting the strengthening of the laboratory algorithm.
5. *Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for TB*

FY07	Downstream (Direct): 10,000	Upstream (Indirect): 12,050
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Explanation of Calculation: The FY07 downstream (direct) target is an estimate based on the number of individuals provided with community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for TB from USG supported sites in FY06 (7,399). As FY07 is the final year of the USAID/DR CONECTA program, the target for the last year (FY07) is 10,000 individuals to be reached by community and home-based programs.

The FY07 upstream (indirect) target is an estimate based on the number of individuals provided with facility-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for TB from PEPFAR supported sites in FY06 (12,050). The upstream target is expected to remain constant given that FY07 is a transition year for the DR.

Explanation of Support: The USG provides downstream (direct) and upstream (indirect) support to all individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for TB by:

- Funding for NGOs to support community-based palliative care activities (e.g. materials, training, supervision);
- Training on Palliative care at all levels;
- Funding to NGOs for income generation activities for PLWHA;
- Referrals to services (ART, prevention, OVC and TB services); and
- Providing home-based and hospice care.

FY08	Downstream (Direct): 4,914	Upstream (Indirect): 0
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Explanation of Calculation: The downstream (direct) target is an estimate based on the total population in the areas and region where USG will support palliative care activities.

Region 5: The total population in Region 5 is 856,114 , and with an HIV prevalence of 2.5% there will be about 21,403 people living with HIV/AIDS in this region. The population in the bateye areas is not part of the official population count. It is estimated that there are 230 bateyes in Region 5 and that each bateye has approximately 500 people

totaling 115,000 people. There is also a transient population that is estimated to be about 25,000 people. Therefore, the total bateye population in Region 5 is 140,000 (115,000 + 25,000 = 140,000). There is a 5% HIV/AIDS prevalence in the bateyes, therefore, about 7,000 people living with HIV/AIDS are residing in these areas. The total PLWHA population in Region 5 is 28,403. It is estimated that USG will reach 10% of this population which equates to (2,840) individuals receiving palliative care through USG supported sites in Region 5.

1. $856,114$ (total population in Region 5, excluding Bateyes) \times 2.5% (HIV prevalence in Region 5, excluding Bateyes) = 21,403 (PLWHA in Region 5, excluding Bateyes)
2. 230 (# of Bateyes in Region 5) \times 500 (estimated population per Batey) = 115,000 (population in Batey communities on Region 5)
3. Transient population in Bateyes per year estimated to be 25,000. $115,000 + 25,000 = 140,000$
3. $140,000$ (# of people living in Bateyes) \times 5.0% (HIV prevalence in Bateyes) = 7,000 (PLWHA living in Bateyes)
4. $21,403$ (PLWHA in Region 5, excluding Bateyes) + 7,000 (PLWHA in Bateyes in Region 5) = 28,403 (PLWHA in Region 5, including Bateye areas)
5. $28,403$ (Total PLWHA in Region 5, including Bateye areas) \times 10% (% USG will reach) = 2,840 (# USG will reach in Region 5)

Border Areas: The total population in the Border Areas, where USG will provide support, is 488,020. This area has an HIV prevalence of 1.7%, therefore, about 8,296 people living with HIV/AIDS live in this area. It is estimated that USG will reach 25% of this population which equates to 2,074 individuals receiving palliative care through USG supported sites in the Border Areas.

1. $488,020$ (population in Border Areas where USG will provide support) \times 1.7% (estimated HIV prevalence in Border Area) = 8,296 (# of PLWHA in Border Areas)
2. $8,296$ (# PLWHA in Border Areas) \times 25% (% USG will reach) = 2,074 (# USG will reach in Border Areas)

Total: 2,840 (# USG will reach in Region 5) + 2,074 (# USG will reach in Border Areas) = 4,914 (# of individuals reached through USG supported sites)

Explanation of Support: The USG provides downstream (direct) support to all individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for TB by:

- Supporting and scaling-up community-based palliative care activities in Region 5 and in the Border Areas (e.g. materials, training, supervision);
 - Supporting income generation activities for PLWHA;
 - Referring PLWHA to other needed services (e.g. ART, prevention, OVC); and
 - Providing support and scaling-up home-based and hospice care in Region 5 and in the Border Areas.
6. *Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period.*

FY07/08	Downstream (Direct): 0	Upstream (Indirect): 0
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Explanation of Calculation: Treatment for TB is supported through Infectious Disease Funds and a Global Fund TB Grant. No PEPFAR funds are being used for this activity.

7. *Number of OVC served by an OVC program during the reporting period*

FY07	Downstream (Direct): 7,611	Upstream (Indirect): 0
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Explanation of Calculation: The number of OVC served by an OVC program in FY06 was 5,701. It is estimated that USG OVC programs will increase the number of OVC served by 33.5% totaling 7,611.

1. In FY06, 5,701 OVC were served by an OVC program.
2. $5,701 \text{ (# of OVC served in FY06)} \times 33.5\% \text{ (% increase in FY07)} = 7,611 \text{ (# of OVC served in FY07)}.$

Explanation of Support: The USG provides downstream (direct) support to all OVC by:

- Providing psychosocial support to families;
- Providing awareness, information, and education to families on how to deal with AIDS-related stigma and discrimination;
- Providing healthy living education that includes information and skill building in proper nutrition, hygiene, treating opportunistic infections, PMTCT, and sexual prevention.

FY08	Downstream (Direct): 4,089	Upstream (Indirect): 0
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Explanation of Calculation: The downstream (direct) target for FY08 is an estimate based on the FY07 OVC targets for USG. The OVC target for FY07 in the Border Areas is 1,945 and it is projected that this number will be increased by 30% totaling 2,529 OVC served in the Border Areas. The OVC target for FY07 in Region 5 is 1,200 and it is projected that this number will also be increased by 30% totaling 1,560 OVC served in Region 5. Region 5 and the Border Areas combined equals a total of 4,089 OVC served in FY08.

1. $1,945$ (OVC target for 07 in the Border areas) \times 30% (% increase of OVC target) = 2529 (# of children in Border Area that will be served by USG OVC programs)
2. $1,200$ (OVC target for 07 in Region 5) \times 30% (% increase of OVC target) = 1560 (# of children in Region 5 that will be served by USG OVC programs)
3. 2529 (# of children in Border Area that will be served by USG OVC programs) + 1560 (# of children in Region 5 that will be served by USG OVC programs) = $4,089$ (total OVC served by USG program in 08)

Explanation of Support: The USG provides downstream (direct) support to all OVC by:

- Providing psychosocial support to families;
 - Providing awareness, information, and education to families on how to deal with AIDS-related stigma and discrimination;
 - Providing healthy living education that includes information and skill building in proper nutrition, hygiene, treating opportunistic infections, PMTCT, and sexual prevention.
8. *Number of individuals who received counseling and testing for HIV and received their test results*

FY07	Downstream (Direct): 69,675	Upstream (Indirect): 378,125
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Explanation of Calculation: The downstream (direct) target is an estimate of the total number of individuals who received counseling and testing for HIV and received their test results in FY06 (142,865) by a USAID supported VCT site. Of this total (142,865), 43,329 were pregnant women. Therefore, a total of 99,536 individuals received counseling and testing for HIV and received their test results in FY06 who were not supported by a PMTCT site. The FY07 funds will support 70% of this number equaling 69,675 individuals who will receive counseling and testing for HIV and receive their test results.

1. Number of individuals who received counseling and testing for HIV and received their test results in FY06 by a USAID supported VCT site: 142,865
2. Number of pregnant women who received CT and received their test results in 06: 43,429.
3. $142,865$ (# of individuals who received counseling and testing for HIV and received their test results in 06) $-$ $43,429$ (# of pregnant women who received CT and received their test results in 06) = $99,536$ (# of individuals who received CT and received their test results who were not supported by a PMTCT program)

4. $99,536$ (# of individuals who received CT and received their test results who were not supported by a PMTCT program) $\times 70\%$ (% that will be reached with FY07 funds) = $69,675$ (# of individuals who will receive counseling and testing for HIV and receive their test results with 07 funds)

Explanation of Calculation (indirect): The upstream (indirect) target is based on the Government of Dominican Republic's goal of testing 500,000 individuals for HIV and giving them their results in FY07. The total number that USG is going to counsel and test through its programs in 07 [$69,675$ (07 CT target) + $52,200$ (07 PMTCT CT target) = $121,875$] is subtracted from 500,000 to total 378,125.

1. $500,000$ (# projected to receive CT to receive their test results in 07) - $121,875$ (# that will receive CT via USG, including pregnant women in 07) = $378,125$ (# of individuals who will need CT)

Explanation of Support: The USG provides downstream (direct) and upstream (indirect) support to counseling and testing services by:

- Strengthening the national counseling and testing services by improving laboratory services, increasing the use of rapid tests and providing same day results, and improving the information systems;
- Training to USG funded CT sites for counselors to provide both pre- and post-test counseling, referrals services, and use of the information systems; and
- Training to laboratory personnel on use of rapid tests, the laboratory algorithm, and information systems.

FY08	Downstream (Direct): 29,133	Upstream (Indirect): 431,072
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Explanation of Calculation: The downstream (direct) target for FY07 is an estimate based on the number of people living with HIV/AIDS in the region and areas that are directly supported by USG. Region 5 has an estimated population of 856,114, and the Border Areas have an estimated population of 488,020, which equates to 1,344,134 people living in these areas. Since adults are targeted for the Dominican Republic's CT program, it is estimated that about 66% of this total population is over the age of 15 years which totals 887,128. The national HIV/AIDS prevalence rate in the DR is 1.1%, therefore, an estimated 9,758 PLWHA are living in these areas. About 30% are eligible for ART, which equates to 2,928.

In the Dominican Republic, all counseling and testing sites are within facilities. There are no stand alone CT sites. Therefore, a modified version of the CT TWG formula had to be used since 100% of CT sites are in facilities. The denominator from the facility level calculation is based on the estimated prevalence of HIV positive people in medical facilities (2.4%) multiplied by the % (30%) who are ART eligible, which equals .0072. The number of people eligible for ART from Region 5 and the Border Areas (2,928) was divided by .0072 to estimate the number of people needing CT (406,667). It is estimated

that USG will cover 20% of this population which totals 81,333. The number of women tested through PMTCT services (52,200) is then subtracted from 81,333 to total 29,133.

1. 856,114 (total population in Region 5) + 488,020 (total population in Border Area) = 1,344,134 (total population in Region 5 & the Border Areas)
 1. 1,344,134 (total population in USG supported sites) x 66% (% over 15 years of age) = 887,128 (total population in USG supported sites who are >15 years)
 3. 887,128 (total population in USG supported sites who are >15 years) x 1.1% (National HIV/AIDS Prevalence) = 9,758 (PLWHA in USG supported sites who are >15 years)
 4. 9,758 (PLWHA in USG supported sites who are >15 years) x 30% (% eligible for ART) = 2,928 (eligible for ART in USG supported sites)
 5. Number needing CT in medical facilities from the CT TWG target calculation:

$$\frac{(\text{CT ARV target}) \times (\text{percentage of people tested by medical facilities})}{(\% \text{ HIV positive in medical facilities}) \times (\% \text{ ARV eligible in medical facilities})} =$$

$$\frac{2,928 (\text{eligible for ART in USG supported sites}) \times 100\% (\% \text{ tested in medical facilities})}{2.4\% (\text{HIV positive in medical facilities}) \times 30\% (\% \text{ ART eligible})}$$

$$= 2,928 / .0072 = 406,667 (\text{needing CT to reach eligible individuals for ART in USG supported sites})$$
 6. USG will reach 20% of this population. 406,667 (needing CT to reach eligible individuals for ART in USG supported sites) x 20% (% USG will reach) = 81,333 (# USG will reach through CT programs)
- 81,333 (# USG will reach through CT programs) - 52,200 (# USG will reach in PMTCT CT sites) = **29,133 (Total # needing CT, excluding PMTCT)**

Explanation of Calculation (indirect): The upstream (indirect) target is based on the Government of Dominican Republic's goal of testing 500,000 individuals for HIV and giving them their results in FY08. The total number that USG is going to counsel and

test through its programs in 08 [35,265 (PMTCT CT 08 target) + 33,663 (CT 08 target) = 68,928 (Total CT in 08)] is subtracted from 500,000 to total 431,072.

1. 500,000 (# projected to receive CT to receive their test results in 07) - 68,928 (# that will receive CT via USG, including pregnant women in 08 = 431,072 (# of individuals who will need CT)

Explanation of Support: The USG provides downstream (direct) and upstream (indirect) support to counseling and testing services by:

- Strengthening the national counseling and testing services by improving laboratory services, increasing the use of rapid tests and providing same day results, and improving the information systems;
- Training to USG funded CT sites for counselors to provide both pre- and post-test counseling, referrals services, and use of the information systems; and
- Training to laboratory personnel on use of rapid tests, the laboratory algorithm, and information systems.

9. *Number of individuals receiving ART at the end of the reporting period*

FY07	Downstream (Direct): N/A	Upstream (Indirect): 7,000
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Explanation of Indirect Calculation: The National ART target for FY07 is 7,000.

Explanation of Indirect Support: The USG provides upstream (indirect) support to ART by:

- Training health teams on integrated care;
- Developing information systems in 47 sites and training teams on the use of the systems;
- Providing technical assistance and support to review the HIV service norms;
- Supporting the integration of Pediatric treatment as well as the testing of children through DNA PCR testing; and
- Providing support and training to the network of people living with AIDS on how to provide psychosocial support to other PLWHA for follow-up care and adherence purposes.

FY08	Downstream (Direct): N/A	Upstream (Indirect): 9,000
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Explanation of Indirect Calculation: The National ART target for FY08 is 9,000.

Explanation of Indirect Support: The USG provides upstream (indirect) support to ART by:

- Training health teams on integrated care;

- Developing information systems in 47 sites and training teams on the use of the systems;
- Providing technical assistance and support to review the HIV service norms;
- Supporting the integration of Pediatric treatment as well as the testing of children through DNA PCR testing; and
- Providing support and training to the network of people living with AIDS on how to provide psychosocial support to other PLWHA for follow-up care and adherence purposes.